

E-Medicaid Certification

Use of form

To be used only for E-Medicaid enrollments. Department of Social Services Eligibility Workers must print the form on either their local agency letterhead or State Department of Social Services letterhead and have sufficient supply on hand to certify newly eligible recipients. The form is for individuals who must have immediate certification of their eligibility for Medicaid in order to access services that otherwise may not be available, such as transportation or pharmacy services. Providers should not accept photocopies of this form.

Local DSS Actions

Upon determining that an enrollee is eligible for E-Medicaid and the enrollee needs the form in order to access medical care, worker prepares and signs the form. Typed signatures are not acceptable. The Supervisor or other designated authority co-signs. The original form is given to the E-Medicaid enrollee. Two copies are made.

One copy is maintained at DSS, second copy is faxed to (804) 225-4393 as a control copy.

E-Medicaid Enrollee Action

Enrollee presents the form to the pharmacy, transportation provider or other Medicaid provider for confirmation of eligibility.

Notice of Eligibility for E-Medicaid

DATE ISSUED _____

To whom it may concern:

This letter is to confirm that the following individual(s) have been found eligible for services under the E-Medicaid program.

NAME

SSN

E-MEDICAID ID #

This certification is good for up to six months from date of issuance. Please delay your billing to the Department of Medical Assistance Services until you can confirm that this ID number is active in the Medicaid Management Information System by contacting Medi-Call at 1-800-884-9730, or 1-800-772-9996.

Eligibility established by:

Local Department of Social Services
Worker Name

Telephone Number

Confirmed by _____
(Supervisor)

Local Department of Social Services: _____
Address: _____
City/State/Zip Code: _____

Do not accept a photocopy of this certification as verification of eligibility.